PRINTED: 06/04/2010 FORM APPROVED Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVN2355SNF 05/12/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3050 N ORMSBY **ORMSBY POST ACUTE REHAB CARSON CITY, NV 89703** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Z 000 Z 000 **Initial Comments** This Statement of Deficiencies was generated as a result of a State licensure complaint investigation conducted in your facility on 5/6/10 and finalized on 5/12/10, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. The State licensure investigation was conducted concurrently with the Medicare complaint investigation in accordance with 42 CFR Chapter IV Part 483 Requirements for Long Term Care Facilities. Complaint #NV00025140 was substantiated with deficiency cited. (See tag Z300) A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

available to any party under applicable federal,

1. A facility for skilled nursing shall adopt and carry out written policies and procedures that

a) The mistreatment and neglect of the patients

NAC 449.74491 Prohibited practices

state or local laws.

prohibit:

in the facility;

Z300

SS=G

Z300

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quietly up at front desk, no apparent distress, nurse within eye/earshot at all times, she phoned

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after post-manual disimpaction"

1. Acute lower quadrant abdominal pain

"Impression:

"Plan:

2. Fecal impaction"

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that she was returned to the facility. When asked if she could recall how the resident was returned to the facility she reported that she could not

Review of the facility's Core Systems Manual" revealed a policy#: CSM (B&B) 005, Revision date: 4/8/2002, Management Committee

recall.

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revealed the following:

Resident Property Prohibition

revised: 2/07. read:

Policy Statement:

Prohibition EHC-APM 1.01, Effective 2/02, Last

Subject: Abuse, Neglect, Misappropriation of

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